

Yale University

## EliScholar – A Digital Platform for Scholarly Publishing at Yale

---

Yale Medicine Thesis Digital Library

School of Medicine

---

1-1-1842

### Dissertation on Colic

Edwin Everett Gordon

*Yale University.*

Follow this and additional works at: <https://elischolar.library.yale.edu/ymtdl>



Part of the [Medicine and Health Sciences Commons](#)

---

#### Recommended Citation

Gordon, Edwin Everett, "Dissertation on Colic" (1842). *Yale Medicine Thesis Digital Library*. 3578.  
<https://elischolar.library.yale.edu/ymtdl/3578>

This Open Access Thesis is brought to you for free and open access by the School of Medicine at EliScholar – A Digital Platform for Scholarly Publishing at Yale. It has been accepted for inclusion in Yale Medicine Thesis Digital Library by an authorized administrator of EliScholar – A Digital Platform for Scholarly Publishing at Yale. For more information, please contact [elischolar@yale.edu](mailto:elischolar@yale.edu).









Digitized by the Internet Archive  
in 2017 with funding from  
Arcadia Fund

<https://archive.org/details/thesesformd1842100yale>

BOUGHT BY J. DEWEY  
J. MACDONALD CO.  
NORWALK, CONN.









*Dissertations*  
read by the  
Candidates for Degrees and Licenses,  
at the  
Annual Examination,  
in the  
Medical Institution of Yale College,  
January 19-21,  
1842.





~~Library of the~~ ~~XII~~ ~~re.~~

---

Dissertation  
on  
Colic.

---

By  
Edwin Everett Gordon,  
of New Haven, Connecticut,  
Candidate for the Degree of Doctor in Medicine.

---

Mr President, my respected Teachers and  
Fathers <sup>in</sup> of the Medical Profession of the  
Republic of Connecticut) Having purposed  
to devote my future days to the service of  
doing good to my fellow men and Having  
passed through the customary form of  
preparatory study on medical subjects  
prescribed by those whose prerogative  
it is to exercise a salutary supervision on  
affairs relating to the practice of Medicine,  
I have in presenting myself here as a candidate  
for an official examination been actuated  
chiefly by a desire to take counsel of and maintain  
a friendly relation to those who have devoted  
long and useful lives to the same liberal pursuit.  
Knowing your requirements in regard to a dissertation  
on some subject connected with ~~the~~ medicine I submit  
the following, (as my space for writing has been  
brief I shall not at this late hour trespass long  
upon your time)

(The difficulty of describing the various cases of disease  
and referring them to this or that particular  
class order or species into which Nosologists  
have divided them



is doubtless obvious to those who have ever observed  
or felt the various kinds and grades of morbid action  
in the living system, the subject which I shall  
discuss is that disease described by writers by the name of  
Colic

I have selected this subject from the fact of its  
frequent occurrence and often formidable attack,  
a disease occasioning much fear on the part of  
friends and anxiety and distress manifested by the  
patient whose sufferings are depicted in the <sup>face</sup> countenance  
and all his motions, this disease may develop itself  
in a sudden and hurried manner, or it may be slow  
and insidious in its approach, it may affect only the  
intestinal canal or it may have its seat or origin in  
other viscera of the abdomen and hence different names  
have been given by writers according to manner in  
which the disease makes its appearance and the organ  
affected or involved in the general disease

To wit... Flatulent, Billious, ~~Nephritic~~, Hysterical, Painter's &c

As many distinctions made by authors are attempts  
to nosological refinements I shall notice such only  
as are of practical importance, Colic makes its  
appearance more frequently under that form of disease

described by Gregory "accidental colic" by others as  
(Flatulent Colic) causes, irritability of the digestive  
organs, <sup>and</sup> crude indigestible food, which produces much  
gas frequently occasions this disease, Symptoms  
as the term would imply there is great distention  
of the abdomen with flatus, with a rumbling noise, nausea  
and retching, there is great costiveness, pain, sourness  
gripping of the bowels, with coldness of the extremities,  
these are the most prominent and usual attendant  
Symptoms, there are others which are incidental  
which I do not stop to consider, Diagnosis  
there is not much difficulty in distinguishing  
this form of the disease the relief experienced  
by abdominal pressure the agitation and twisting  
motions of the patient, the absence of fever,  
the pain which occurs in paroxysms, <sup>and</sup> frequent  
eructations of flatus, distinguish it decidedly  
from Gastro intestinal inflammation, From  
Billious Colic, it may be known by the absence  
of bilious vomiting as well as the want of the  
jaundiced eye the bitter taste in the mouth  
the obstinate constipation and headache which par-  
ticularly characterise that form of Colic



From colica pictonum it may readily be known by the want of hardness of the abdominal muscles and the gradual accession of the disease not being gradual as <sup>is</sup> particularly the case in that form. Prognosis. This form of colic rarely proves fatal and is not considered dangerous unless connected with or terminating in inflammation of the mucous coat of the intestinal canal, a termination which may occur though it does but seldom. Where there is great distention it may produce paralysis of the bowels or of some portion, causing great torpor of the alimentary canal and a frequent recurrence of the disease.

It may cause intussusception or invagination of a part of the intestine followed by symptoms which prove fatal; or where very irritating and indigestible substances have been taken it may occasion gangrene speedily. The treatment of this form of colic I defer until I have mentioned the other varieties.

Bilious colic is usually preceded by some premonitory symptoms before the disease fully develops itself, such as head-ache, diminished appetite, a bitter disagreeable taste in the mouth, followed by some nausea and perhaps vomiting.

After these symptoms have continued for an indefinite period there will be acute pain in the region of the umbilicus, and the nausea and vomiting will be more severe, after this last there will be a temporary abatement of the symptoms - the stomach

is still extremely irritable and easily excited to vomiting again yet the bowels are still obstinately constipated, there is some febrile heat, and after a short time a recurrence of the paroxysm.

In extreme cases there will be coldness of the extremities during the exacerbation of pain, the nervous system is much affected and the patient desponds. sometimes the muscles of the <sup>lower</sup> extremities are affected with spasm and occasionally there is numbness and tremor of the upper extremities. Eructations of flatus occur in this form and sometimes they are followed by a mitigation of the abdominal pain. Causes. on this point I shall not dwell. The predisposing causes are probably atmospheric heat and miasma for it seems to occur under the same influences as dysentery and cholera. The proximate cause is considered to be an increased secretion of bile of an acrimonious quality.

We come next to the notice of colica pictorum. this is described by Authors under different names as Painter's colic, Lead colic, Belly-ache colica Saturnica &c. This form is often gradual in its attack, commencing with some gastric disturbance, as loss of appetite, foul eructations, languor, slight nausea, constipation, with transient pains and a feeling of fulness and tension in the abdomen. the pain gradually increases in severity in the region of the epigastrium and umbilicus. The abdomen becomes hard, the integuments retracted towards the spine, they are

somewhat tender to the touch, but pain is relieved by steady pressure - there is great torpidity of the bowels, and the stomach is more or less irritable, & sometimes there is a slight remission of the symptoms after vomiting - In severe cases the pain reaches upwards as far as the chest, and downwards to the pelvic viscera causing pain and tenesmus about the bladder and rectum.

Great anxiety prevails during the paroxysms - there is a cold clammy feel of the extremities, and a pale and shrunken appearance - the countenance expressive of much suffering - convulsions and <sup>averted</sup> delirium often occur in the severe cases, and if death is averted paralysis of the extremities may remain.

Other forms of colic are mentioned by authors but our limits are too short to admit of their consideration.

The treatment of the various forms of colic is in some respects similar. The indications in the flatulent colic are to discharge the flatus and relieve the pain. To fulfil the first indication carminative draughts may be given, and in mild cases almost any antispasmodic gives relief. The second indication is fulfilled by <sup>the</sup> external irritants and warmth to the bowels and extremities, and emollient injections <sup>or</sup> simple warm water may be thrown into the rectum, the bowels should be evacuated if possible, they will often be so by the injections, if not, the irritability of the stomach may be allayed and cathartic medicines given - castor oil with a few



drops of Laudanum will often stay on the stomach and prove effectual. The pulse must be attended to, and if symptoms of inflammation intervene, venesection must be employed.

This treatment with slight variations according to the different indications, is applicable to the other forms of Colic.

In Illustration of the benefit of acting suddenly on the dermoid system in this disease, will relate a case.

An acquaintance of mine was seized with severe pain in the abdomen which increased during the day, and became exceedingly severe till near the usual hour of retiring to rest. He had taken during the day at his own suggestion leathartic pills in considerable quantity, with a view of moving the bowels and thus relieving the pain. but instead of relieving it had increased the pain, the patient lay writhing on the bed, the friends apprehensive of a fatal termination, while in this state I was called upon to give relief, and caused a bag of hops of suitable size to be made; this was immersed in a vessel of boiling water and immediately withdrawn, and the surplus water allowed to drip away. A saturated solution of Camphor in Alcohol was poured on one side of this, and the same to the abdomen. a favorable change immediately ensued, the pain subsided in about 10 or 15 minutes, and the cure was complete. The operation the pills which had been taken was manifestly injurious.

Sh.



This treatment illustrates the sympathy known to exist between the dermoid system and the alimentary canal, therefore as in these diseases the regular peristaltic<sup>action</sup> of the muscular coat is suspended, or spasmodically contracted, we should infer the utility of epidermic applications in these cases, at any rate the efficacy of sudden impressions made on the surface of the abdomen by <sup>a</sup> stimulus of a peculiar kind is evinced by the above case.

E. E. Gordon.





YALE MEDICAL LIBRARY



3 9002 08670 4724

1842

Accession no. 22991

Author Yale Univ.  
Theses for M.D.

Call no. Archives

T113 Y11



